

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Ellis Fischel State Cancer Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 52 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 201 Park  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 9 years.

3. (a) PRINT FULL NAME

Mr. Henry John Scott

3. (b) If veteran, SS. 495-18-0711 name war. No. —

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emelia Scott 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased NOV 7 1888  
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Boone Co., Mo.  
(City, town or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Charles Scott

13. Birthplace Boone Mo  
(City, town or county) (State or foreign country)

14. Maiden name Emmie Strong

15. Birthplace Boone Mo  
(City, town or county) (State or foreign country)

16. (a) Informant Social Service Record

(b) Address Above Hospital

17. (a) Burial (b) Date thereof 1-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem.

18. (a) Signature of funeral director Street P. Parker

(b) Address Columbia Missouri

19. (a) 1/13/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th  
year 1941 hour 5 minute — AM.

21. I hereby certify that I attended the deceased from 1-7-41 to 1-12-41  
that I last saw him alive on 1-11 and that death occurred on the date and hour stated above.

Immediate cause of death  
1) Carcinoma of tongue with cervical

Due to node metastasis

Due to irritation

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations —

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 74

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Lauren V. Ackerman (M. D. or other) DMV

Address Ellis Fischel Cancer Hospital Date signed 1/12/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

(Signed

*Stuart P. Parker*

Licensed Embalmer No.

*2900*

P. O. Address

*Columbia, N.Y.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**